



राजपत्र, हिमाचल प्रदेश

(असाधारण)

हिमाचल प्रदेश राज्यशासन द्वारा प्रकाशित

शिमला, शनिवार, 6 दिसम्बर, 1975/15 अग्रहायण, 1897

GOVERNMENT OF HIMACHAL PRADESH

HEALTH AND FAMILY PLANNING DEPARTMENT

NOTIFICATION

Simla-171002, the 3rd December, 1975

No. 11-8/71-H&FP.—In supersession of Himachal Pradesh Government notification of even number, dated 11-9-72 and in exercise of the powers conferred by section 7 of the Medical Termination of Pregnancy Act, 1971 (Central Act 34 of 1971) and all the powers enabling him in this behalf the Governor of Himachal Pradesh is hereby pleased to make the following Regulations, which shall come into force with effect from the date of their publication in the Rajpatra Himachal Pradesh:—

THE HIMACHAL PRADESH MEDICAL TERMINATION OF PREGNANCY REGULATIONS, 1975

1. (1) These regulations may be called the Himachal Pradesh Medical Termination of Pregnancy Regulations, 1975.

Short title,
extent and
commence-
ment.

(2) They extend to the whole of Himachal Pradesh.

(3) They shall come into force on the date of their publication in the Himachal Pradesh Rajpatra.

Definitions

2. In these regulations, unless the context otherwise requires—
 - (a) “Act” means the Medical Termination of Pregnancy Act, 1971; 34 of 1971
 - (b) “admission register” means the register maintained under regulation 5;
 - (c) “approved place” means a place approved under rule 4 of the Medical Termination of Pregnancy Rules, 1975;
 - (d) “Chief Medical Officer of the District” means the Chief Medical Officer of the District, by whatever name called;
 - (e) “form” means a form appended to these regulations; and
 - (f) “hospital” means a hospital established or maintained by the State Government.

Form of certifying opinion or opinions.

3. (1) Where one registered medical practitioner forms or not less than two registered medical practitioners form such opinion as is referred to in sub-section (2) of section 3 or section 5, he or they shall certify such opinion in Form I.

(2) Every registered medical practitioner who terminates any pregnancy shall, within three hours from the termination of the pregnancy certify such termination in Form I.

Custody of forms.

4. (1) The consent given by a pregnant woman for the termination of her pregnancy, together with the certified opinion recorded under section 3 or section 5, as the case may be, and the intimation of termination of pregnancy shall be placed in an envelope which shall be sealed by the registered medical practitioner or practitioners by whom such termination of pregnancy was performed and until that envelope is sent to the head of the hospital or owner of the approved place or the Chief Medical Officer of the District, it shall be kept in the safe custody of the concerned registered medical practitioner or practitioners, as the case may be.

(2) On every envelope referred to in sub-regulation (1), pertaining to the termination of pregnancy under section 2, there shall be noted the serial number assigned to the pregnant woman in the Admission Register and the name of the registered medical practitioner or practitioners by whom the pregnancy was terminated and such envelope shall be marked “SECRET”.

(3) Every envelope referred to in sub-regulation (2) shall be sent immediately after the termination of the pregnancy to the head of the hospital or owner of the approved place where the pregnancy was terminated.

(4) On receipt of the envelope referred to in sub-regulation (3), the head of the hospital or owner of the approved place shall arrange to keep the same in safe custody.

(5) Every head of the hospital or owner of the approved place shall send to the Chief Medical Officer of the District, a weekly statement of cases where medical termination of pregnancy has been done in Form II.

(6) On every envelope referred to in sub-regulation (1), pertaining to a termination of pregnancy under section 5, shall be noted the name and address of the registered medical practitioner by whom the pregnancy was terminated and the date on which the pregnancy was terminated and such envelopes shall be marked “SECRET”.

Explanation.—The columns pertaining to the hospital or approved place and the serial number assigned to the pregnant woman in the Admission Register shall be left blank in Form I in the case of termination performed under section 5 of the Act.

(7) Where the pregnancy is not terminated in an approved place or hospital, every envelope referred to in sub-regulation (6) shall be sent by registered post to the Chief Medical Officer of the District on the same day on which the pregnancy was terminated or on the working day next following the day on which the pregnancy was terminated. Provided that where the pregnancy is terminated in an approved place or hospital, the procedure provided in sub-regulations (1) to (6) shall be followed.

5. (1) Every head of the hospital or owner of the approved place shall maintain a register in Form III for recording therein the admissions of women for the termination of their pregnancies.

Maintenance of Admission Register.

(2) The entries in the Admission Register shall be made serially and a fresh serial shall be started at the commencement of each calendar year and the serial number of the particular year shall be distinguished from the serial number of other years by mentioning the year against the serial number, for example, serial number 5 of 1972 and serial number 5 of 1973 shall be mentioned as 5/1972 and 5/1973.

(3) The Admission Register shall be a secret document and the information contained therein as to the name and other particulars of the pregnant woman shall not be disclosed to any person.

6. The Admission Register shall be kept in the safe custody of the head of the hospital or owner of the approved place, or by any person authorised by such head or owner and save as otherwise provided in sub-regulation (5) of regulation 4 shall not be open to inspection by any person except under the authority of;—

Admission Register not to be open to inspection.

- (i) in the case of a departmental or other enquiry, the Secretary to the Government of Himachal Pradesh, Health and Family Planning Department;
- (ii) in the case of an investigation into an offence, a Magistrate of the First Class within the local limits or whose jurisdiction the hospital or approved place is situated;
- (iii) in the case of a suit or other action for damages, the District Judge, within the local limits of whose jurisdiction the hospital or approved place is situated. Provided that the registered medical practitioner shall, on the application of an employed woman whose pregnancy has been terminated, grant a certificate for the purpose of enabling her to obtain leave from her employer. Provided further that any such employer shall not disclose this information to any other person.

7. No entry shall be made in any case-sheet, operation theatre register, follow-up card or any other document or register (except the Admission Register) maintained at any hospital or approved place indicating therein the name of the pregnant woman and reference to the pregnant woman shall be made therein by the serial number assigned to such woman in the Admission Register.

Entries in registers maintained in hospital or approved place.

8. Save as otherwise directed by the Secretary to the Government of Himachal Pradesh, Health and Family Planning Department or for or in relation to any proceeding pending before him, as directed by a District Judge or a Magistrate of the first class, every Admission Register shall be destroyed on the expiry of a period of five years from the date of the last entry in that Register and other papers on the expiry of a period of three years from the date of the termination of the pregnancy concerned.

Destruction of Admission Register and other Papers.

9. (1) The Himachal Pradesh Medical Termination of Pregnancy Regulations, 1972, are hereby repealed.

Repeal and savings.

(2) Notwithstanding such repeal anything done or any action taken in exercise of the powers conferred by or under the provisions of the Regulations so repealed to the extent of their being consistent with the provisions of these Regulations, shall be deemed to have been done or taken in exercise of the powers conferred by or under these Regulations, as if these regulations were in force on the day on which thing was done or action was taken.

SECRET

FORM I
(See Regulation 3)

.....
(Name and qualifications of the Registered Medical Practitioner in Block letters).

.....
(Full address of the Registered Medical Practitioner).

I.
(Name and qualifications of the Registered Medical Practitioner in Block letters).

.....
(Full address of the Registered Medical Practitioner).

hereby certify that *I/We am/are of opinion, formed in good faith, that it is necessary to terminate the pregnancy of.....

(Full name of pregnant woman in Block letters).

resident of.....

(Full address of woman in Block letters).

for the reasons given below**.

*I/We hereby give intimation that *I/We terminated the pregnancy of the woman referred to above who bears the serial No..... in

*Strike out whichever is not applicable.

**Of the reasons specified in item (i) to (vi) write the one which is appropriate:—

- (i) In order to save the life of the pregnant woman.
- (ii) In order to prevent grave injury to the physical or mental health of the pregnant woman.
- (iii) In view of the substantial risk that if the child was born it would suffer from such physical or mental abnormalities as to be seriously handicapped.
- (iv) as the pregnancy is alleged by pregnant woman to have been caused by rape.
- (v) as the pregnancy has occurred as a result of failure of any contraceptive device or method used by married woman or her husband for the purpose of limiting the number of children.

the Admission Register of the Hospital/approved place.

Place:

Date:

Signature of the Registered Medical Practitioner.

Signature of the Registered Medical Practitioner.

Note.—Account may be taken of the pregnant woman's actual or reasonably foreseeable environment in determining whether the continuance of a pregnancy would involve a grave injury to her physical or mental health.

Signature of the Registered Medical Practitioner.

Place:

Date:

Signature of the Registered Medical Practitioners.

FORM II

[See Regulation 4(5)]

1. Name of the State.
2. Name of Hospital/approved place.
3. Duration of pregnancy (give total No. only):
 - (a) upto 12 weeks.
 - (b) between 12-20 weeks.
4. Religion of women:
 - (a) Hindu
 - (b) Muslim
 - (c) Christian
 - (d) Others
 - (e) Total
5. Termination with acceptance of contraception:
 - (a) Sterilisation
 - (b) I.D.D.
6. Reasons for termination: (give total number under each sub-head):
 - (a) Danger to life of the pregnant woman.
 - (b) Grave injury to the physical health of the pregnant woman.
 - (c) Grave injury to the mental health of the pregnant woman.
 - (d) Pregnancy caused by rape.
 - (e) Substantial risk that if the child was born, it would suffer from such physical or mental abnormalities as to be seriously handicapped.
 - (f) Failure of any contraceptive device or method.

Signature of the Officer Incharge
with date.

SECRET

FORM III
(See Regulation 5)
ADMISSION REGISTER

(To be destroyed on the expiry of five years from the date of the last entry in the Register)

Sl. No.	Date of Admission	Name of Patient	Wife/ Daughter of	Age	Religion	Address	Duration of Pregnancy
1	2	3	4	5	6	7	8

Reasons on which pregnancy is terminated	Date of termination of pregnancy	Date of discharge of patient	Result and Remarks	Name of Registered Medical Practitioner(s) by whom the opinion is formed	Name of Registered Medical Practitioner by whom pregnancy is terminated
9	10	11	12	13	14

By order,
R. C. GUPTA,
Secretary (Health).